January 31, 2013

South Carolina Public Service Commission
P.O. Drawer 11649
Columbia, SC 29211

RE: **Annual Lifeline Eligible Telecommunication Carrier Certifications**

Dear Sir/Madam:

Enclosed is one original and three copies of the Annual Lifeline ETC Certification Form
from High Tech Communications for the State of South Carolina.

If you have any questions or need any additional information, please contact Tina Allen,
Sr. Compliance Manager at 352-233-2717.

Sincerely,

Caroll Harris
Compliance Specialist III
Telecom Service Bureau

Encl:

2013-48-C

FCC Form 555
November 2012

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Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

SC
_____
State
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

249006   HIGH TECH COMMUNICATIONS - SC
_____   _____
Study Area Code(s) (SAC)   ETC Name(s)

                                                  Affordable Phone Services, Inc.
_____   _____
Holding Company Name(s)   DBA, Marketing or Other Branding Name(s)

Affiliated ETCs *(include names and SACs, attach additional sheets if necessary)*	239008	AFFORDABLE PHONE SERVICE - N 259016	AFFORDABLE PHONE SERVICE - A
	279023	FAST PHONES, INC - LA 279033	AFFORDABLE PHONE SERVICE - L

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** JL

249006

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: *All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.
Initial JL

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
1520	0

C	D	E =C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0	0	1520

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (*insert current year*). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(*List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary*).

Section 3: *All ETCs (Initial the certification below).*

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial JL** ____

Section 4: *Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).*

M	N
Month	**Subscribers De-Enrolled for Non-Usage**
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

Joel E. Leonard	Joel E. Leonard
Signature of Officer	Printed Name of Officer
President	Jan-30-13
Title of Officer	Date
Tina C. Allen	352-233-2700
Person Completing this Certification Form	Contact Phone Number